

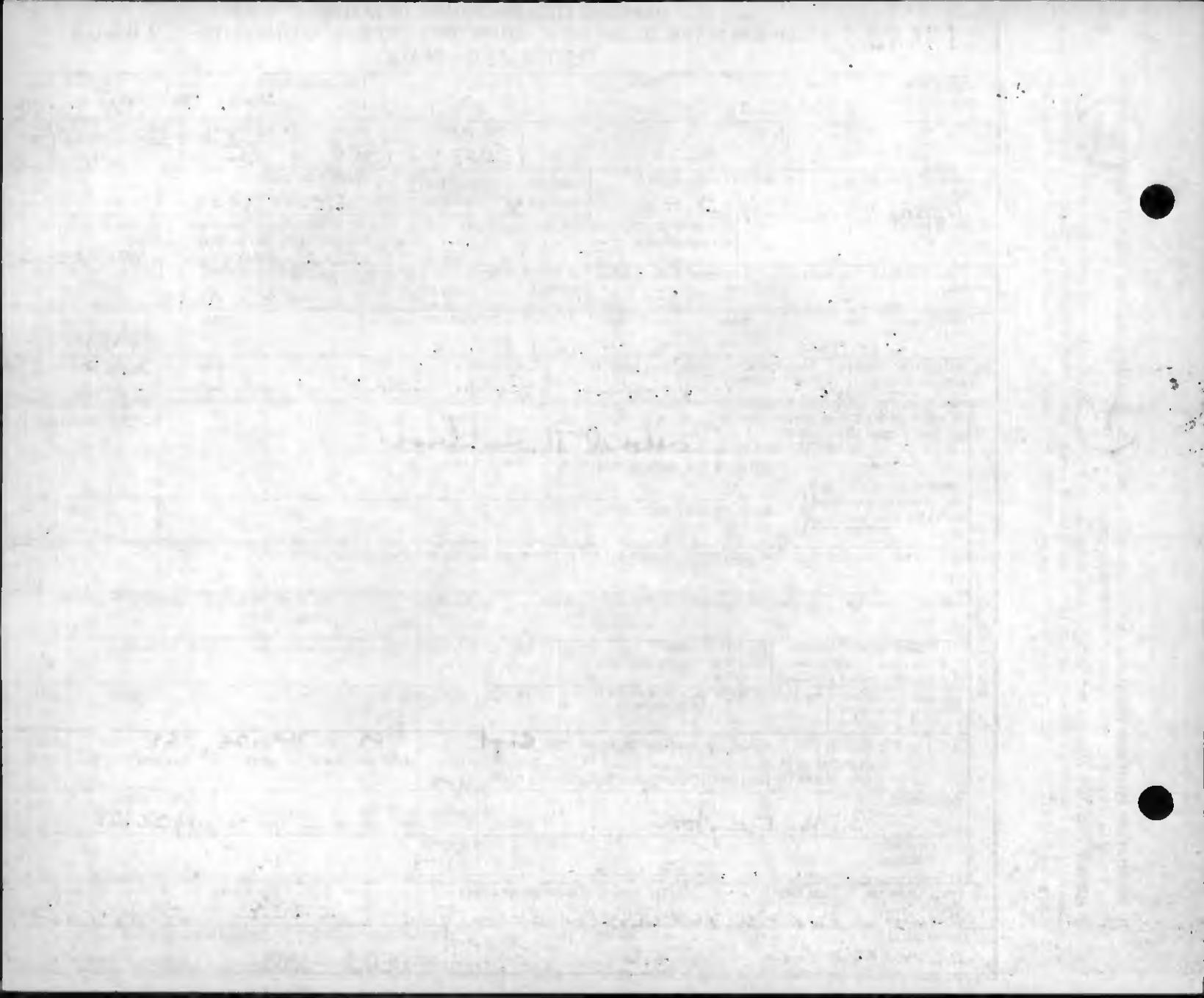
16490

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

16504

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or attending physician, director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)		First Sedonia	Middle Corbin	Last	20. DATE OF DEATH Month Nov. 26 Year 1968	68 2b. HOUR 9:20		
3. SEX Female	4. RACE White	5. DATE OF BIRTH Sept. 7-1888		6. AGE (In years last birthday) 80	IF UNDER 1 YEAR MONTHS — DAYS — HOURS — MIN. —			
7a. BIRTHPLACE (State or foreign country) MARYLAND	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED WIDOWED <input checked="" type="checkbox"/>	NEVER MARRIED <input type="checkbox"/>	9. COUNTY OF DEATH Somerset				
10. CITY OR TOWN OF DEATH Crisfield	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) McCready Hemo	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife	12b. KIND OF BUSINESS OR INDUSTRY Household					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.	13b. COUNTY Somerset	13c. CITY OR TOWN Ewell	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER MAIN ROAD				
14. FATHER'S NAME First JAMES	Middle EVANS	Last	15. MOTHER'S MAIDEN NAME First EMILY	Middle	Last WEBSTER			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT ESTER CORBIN - DEAL ISLAND - MD.	Address 21821		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> 4339 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) lost.								
DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c)								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 332x								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
MEDICAL CERTIFICATION		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)			
		21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREETS, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
		22a. I certify that (I) (this hospital) attended the deceased from Sept. 7, 1968, to Nov. 26, 1968, that (I) (we) last saw the deceased alive on Nov. 26, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. Yes						
22b. SIGNATURE S. M. Peyton		DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 11/26/68			
22d. PHYSICIAN'S NAME (Type) S. M. Peyton, M.D.		22e. ADDRESS Crisfield, Md.						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 29, 1968	23c. NAME OF CEMETERY OR CREMATORIUM Ewell Cemetery		23d. LOCATION (City or Town) Ewell	(County) Som	(State) Md.		
24. FUNERAL DIRECTOR Leroy Webster	ADDRESS Princess Anne	25a. RECD BY REGISTRAR J.W.		25b. REGISTRAR'S SIGNATURE V. Charles Judge	DATE DEC. 3 1968			



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

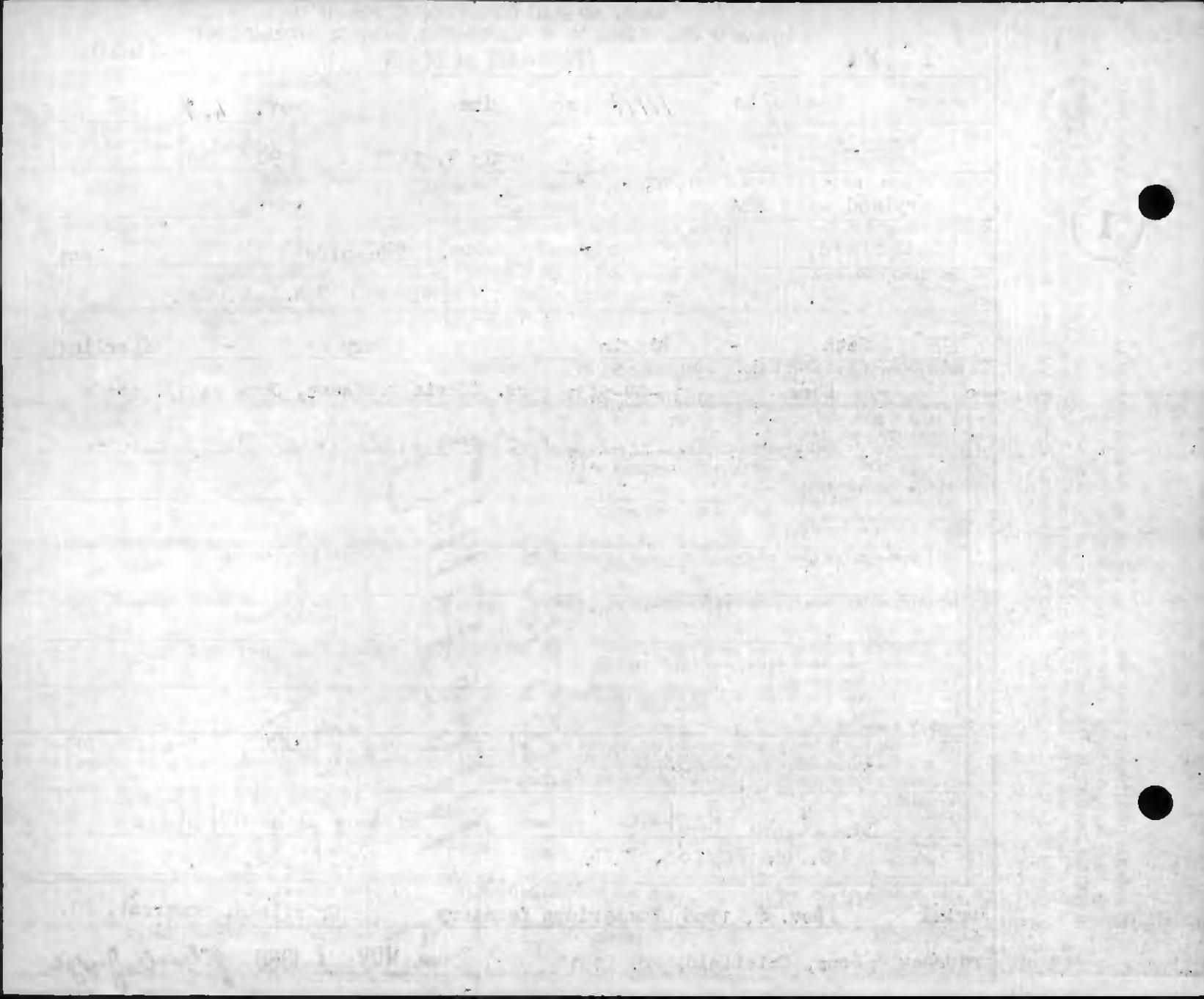
CERTIFICATE OF DEATH

16505

16491

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)		First Legolia	Middle Mae	Last Dize	2a. DATE OF DEATH Month Nov. 4, 1968	2b. HOUR 8:30			
3. SEX Female		4. RACE White		5. DATE OF BIRTH July 3, 1878		6. AGE (In years last birthday) 90 YRS.	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS	2b. HOUR MIN.
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Somerset			
10. CITY OR TOWN OF DEATH Crisfield,		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) McCready Memo.		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife		12b. KIND OF BUSINESS OR INDUSTRY None			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.		13b. COUNTY Somerset		13c. CITY OR TOWN Crisfield		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13e. STREET AND NUMBER 7 N. 1st. St.		
14. FATHER'S NAME Seth		Middle —	Last Riggin	15. MOTHER'S MAIDEN NAME Mary		Middle —			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <input checked="" type="checkbox"/> No		16b. SOCIAL SECURITY NO. <input type="checkbox"/> If yes give war or dates of service None		17. INFORMANT Mrs. Olevia Matthews, Same as 13. abcde		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		4409 Generalized Arteriosclerosis				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 mos.			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		DUE TO, OR AS A CONSEQUENCE OF (b)							
		DUE TO, OR AS A CONSEQUENCE OF (c)							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4500									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town	County	State	
22a. I certify that (I) (this hospital) attended the deceased from 6/19, 1968, to 11/4, 1968, that (I) (we) last saw the deceased alive on 11/3/68 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. <input type="checkbox"/> no									
22b. SIGNATURE Sarah M. Peyton		DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/>	MED. DIRECTOR	<input type="checkbox"/>	STAFF PHYS.	<input type="checkbox"/>	22c. DATE SIGNED 11/4/68	
22d. PHYSICIAN'S NAME (Type) S. M. Peyton, M.D.		22e. ADDRESS Crisfield, Md.							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 6, 1968		23c. NAME OF CEMETERY OR CREMATORIUM Sunnyridge Cemetery		23d. LOCATION (City or Town) Crisfield, Somerset, Md.		(County) (State)	
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. 21817		ADDRESS		25a. REC'D BY REGISTRAR NOV 7 1968		25b. REGISTRAR'S SIGNATURE Charles Judge			
VR A15 30M REV. 11/68									



FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 16. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

VR A15ME (5)
10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16506

1. DECEASED NAME (Type or Print)		First Roy	Middle Samuel	Last Ennis	20. DATE KNOWN OF DEATH MATED <input checked="" type="checkbox"/>	Month Nov.	Day 7	Year 1968	8:00 AM P.M.
3. SEX Male	4. RACE C	S. DATE OF BIRTH 11/12/1912	6. AGE (in years last birthday) 55 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	21. ADDRESS ADDRESS			
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED		9. COUNTY OF DEATH Somerset		22. DATE PRONOUNCED DEAD Month Nov. Day 7 Year 1968	
10. CITY OR TOWN OF DEATH Crisfield		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Crisfield				12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Minister		13b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Somerset		13c. CITY OR TOWN Crisfield		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		13e. STREET AND NUMBER	
14. FATHER'S NAME First Harry		Middle Ennis	Last ?	15. MOTHER'S MAIDEN NAME First Janie		Middle ?	Last ?		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16b. SOCIAL SECURITY NO. (Name given or date of service) W.H. 11		17. INFORMANT Janie Ennis		ADDRESS Hebron, Maryland			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4109		Coronary thrombosis				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		Due to, or as a consequence of (b)							
		Due to, or as a consequence of (c)							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4201 Diabetes Mellitus									
19a. MEDICAL CERTIFICATION		19b. DATE OF OPERATION		19c. CONDITION FOR WHICH OPERATION WAS PERFORMED?				2d. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town		County	State
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>									
ACTUAL SIGNATURE C. G. Rawley		CHIEF MEDICAL EXAMINER <input type="checkbox"/>				M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED 11/14/68	
EXAMINER'S NAME (Type) C. G. Rawley		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				ADDRESS (Street, city, town, or county) Crisfield, Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/11/68		23c. NAME OF CEMETERY OR CREMATORIAL Green Acres Cemetery		23d. LOCATION (City or Town) Salisbury		(County) Wicomico	(State) Md.
24. FUNERAL DIRECTOR Clinton F. Stewart Sales 2nd		ADDRESS				25a. REC'D BY REGISTRAR NOV 15 1968		25b. REGISTRAR'S SIGNATURE Charles Judge	



888-6789

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16493

16507

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
 Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED NAME (Type or print)		First FANNIE	Middle GERTRUDE	Last HASTINGS	2a. DATE OF DEATH Month Nov. Day 17 Year 1968	2b. HOUR 7:35 A.M.	
3. SEX Female	4. RACE White			S. DATE OF BIRTH Feb. 12, 1881	6. AGE (In years last birthday) 87 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		9. COUNTY OF DEATH Somerset			
10. CITY OR TOWN OF DEATH Crisfield	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 35 E. Chesapeake Ave.			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife	12b. KIND OF BUSINESS OR INDUSTRY At Home		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Somerset	13c. CITY OR TOWN Westover	13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13e. STREET AND NUMBER			
14. FATHER'S NAME First Theodore	Middle Swift	15. MOTHER'S MAIDEN NAME First Matilda	Middle Matthews	Last			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) No	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) None	17. INFORMANT Mrs. Bess Windsor - same as 10,11,13a,13b		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) <i>Acute only heart disease</i> PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic myopathy Chronic Delirious</i> 403 X DUE TO, OR AS A CONSEQUENCE OF (b) <i>General arterial fibrosis</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) <i>General debility</i>							
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Year.							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 446 X - None							
19a. DATE OF OPERATION 446 X - Nov		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED None		20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State	
22a. I certify that (I) (this hospital) attended the deceased from 1967 , 19, to Nov 12, 1968 , that (I) (we) last saw the deceased alive on Nov 11, 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE George C. Coulbourn		22c. DEGREE M.D.	ATTENDING PHYS. <input type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	DATE SIGNED Nov. 18 - 1968	
22d. PHYSICIAN'S NAME (Type) George C. Coulbourn, M.D.		22e. ADDRESS Marrion Station, Maryland					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 18, 1968	23c. NAME OF CEMETERY OR CREMATORIAL Rehobeth Baptist Cemetery	23d. LOCATION (City or Town) (County) (State) Rehobeth-Somerset-Md.			
24. FUNERAL DIRECTOR Bradshaw & Sons - Crisfield, Md.		ADDRESS	25a. RECD BY REGISTRAR DATE NOV 25 1968		25b. REGISTRAR'S SIGNATURE Charles Judge		

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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1	16494				16563				
1. DECEASED NAME First <u>Annia</u> Middle <u>Handy</u> Last <u>Maddox</u> (Type or print)				2d. DATE OF DEATH Month <u>Nov</u> Day <u>12</u> Year <u>68</u>		2b. HOUR <u>4:30 AM</u>			
3. SEX <u>Female</u>		4. RACE <u>Negro</u>		5. DATE OF BIRTH Dec. 29, 1888		6. AGE (in years at last birthday) <u>79</u> YRS.			
7a. BIRTHPLACE (State or foreign country) <u>Albks Road</u>		7b. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		8 MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH <u>Somerset Co.</u>			
10. CITY OR TOWN OF DEATH <u>Princess Anne, Md.</u>		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <u></u>				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) <u>School Teacher</u>		12b. KIND OF BUSINESS OR INDUSTRY <u></u>	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <u>Md.</u>		13b. COUNTY <u>Som.</u>		13c. CITY OR TOWN <u>Oriole</u>		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER <u>Princess Anne, Rd. 3 #194</u>	
14. FATHER'S NAME First <u>John</u> Middle <u>V.</u> Last <u>Handy</u>		15. MOTHER'S MAIDEN NAME First <u>Hattie (Unknown)</u>							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <u>No.</u>		16b. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Kenneth E. Lane</u>		Address <u>Princess Anne, Md.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocarditis</u> <u>428 X</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>21 years</u>							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)									
MEDICAL CERTIFICATION		19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
		21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. <u>19</u>		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County State	
22a. I certify that (I) (this hospital) attended the deceased from _____, 19_____, to _____, 19_____, that (I) (we) last saw the deceased alive on _____, 19_____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE <u>Eldon G. Marksman</u>		DEGREE <u>ATTENDING PHYS MD</u>		MED DIRECTOR <input type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED <u>11.13. 68</u>	
22d. PHYSICIAN'S NAME (Type) <u>Eldon G. Marksman</u>		22e. ADDRESS <u>Princess Anne, Md.</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 17, 1968</u>		23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS <u>St. James M. Church</u>		23d. LOCATION (City or Town) <u>Oriole Som. Co. Md.</u>		(County) (State)	
24. FUNERAL DIRECTOR <u>Charles H. Ward-Maison Sta., Md.</u>		ADDRESS <u></u>		25a. REC'D BY REGISTRAR DATE <u>Nov. 18 1968</u>		25b. REGISTRAR'S SIGNATURE <u>J. L. B. J. B.</u>			



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

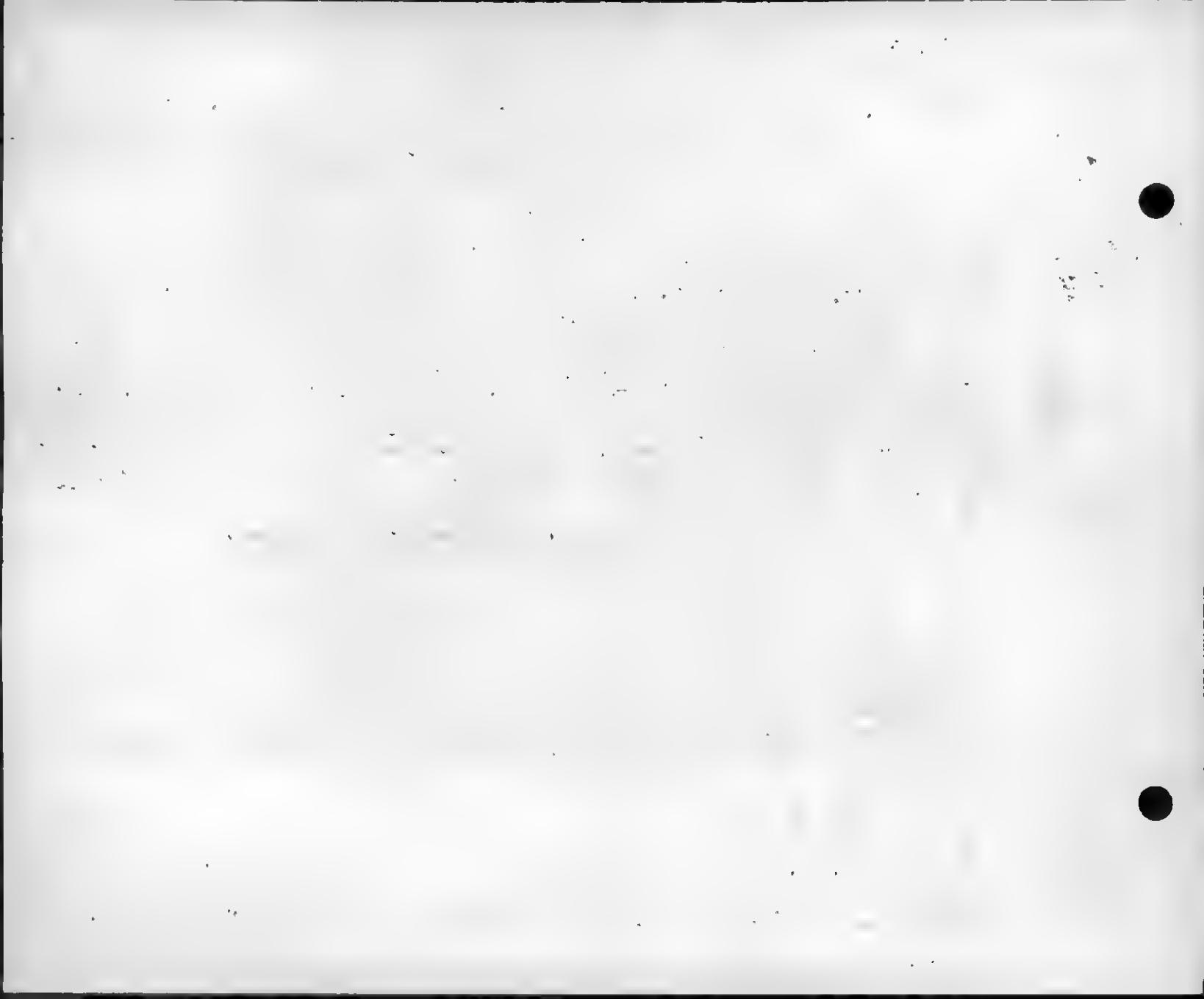
CERTIFICATE OF DEATH

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16495

16509

1. DECEASED NAME (Type or print)		First F. Todd	Middle —	Lost Marshall	2a. DATE OF DEATH Nov. 16 1968	2b. HOUR 6:23 M
3 SEX Male	4. RACE White	5. DATE OF BIRTH Oct 29, 1903		6. AGE (In years lost birthday) 65 YRS.	IF UNDER 1 YEAR MONTHS CAYS	IF UNDER 24 HRS HOURS MIN
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Somerset			
10 CITY OR TOWN OF DEATH Crisfield		11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol give street address) McCready Hospital		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Waterman		12b KIND OF BUSINESS OR INDUSTRY Seafood
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Md.		13b. COUNTY Somerset	13c. CITY OR TOWN Crisfield	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER 74 Maryland Ave.	
14 FATHER'S NAME First William		Middle —	Lost Marshall	15 MOTHER'S MAIDEN NAME First Lydia	Middle —	Lost Smith
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO 219-10-4729A		17 INFORMANT Mrs. Margaret Marshall, Same as 13. abcde	Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 41-7 Due to, or as a consequence of Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause stating the underlying cause (b) Due to, or as a consequence of lost (c) Myocardial Infarction, repeated						APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH 24 hours
						5 days
						3 mo.
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 41-7						
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from Nov. 1953 , to Nov. 16, 1968 that (I) (we) last saw the deceased alive on 1/1/1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.						
22b. SIGNATURE A. N. Barr		DEGREE ATTENDING PHYS	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 11/18/68	
22d. PHYSICIAN'S NAME (Type) A. N. Barr, M.D.		22e. ADDRESS Crisfield, Md.				
23a. BURIAL, CREMATION, BURIAL (Specify)		23b. DATE Nov 18, 1968	23c. NAME OF CEMETERY OR CREMATORIAL Tylerton Cemetery		23d. LOCATION (City or Town) Tylerton, Somerset, Md.	(County) (State)
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md.		ADDRESS		25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE Charles J. Judge	
				DATE NOV 25 1968		

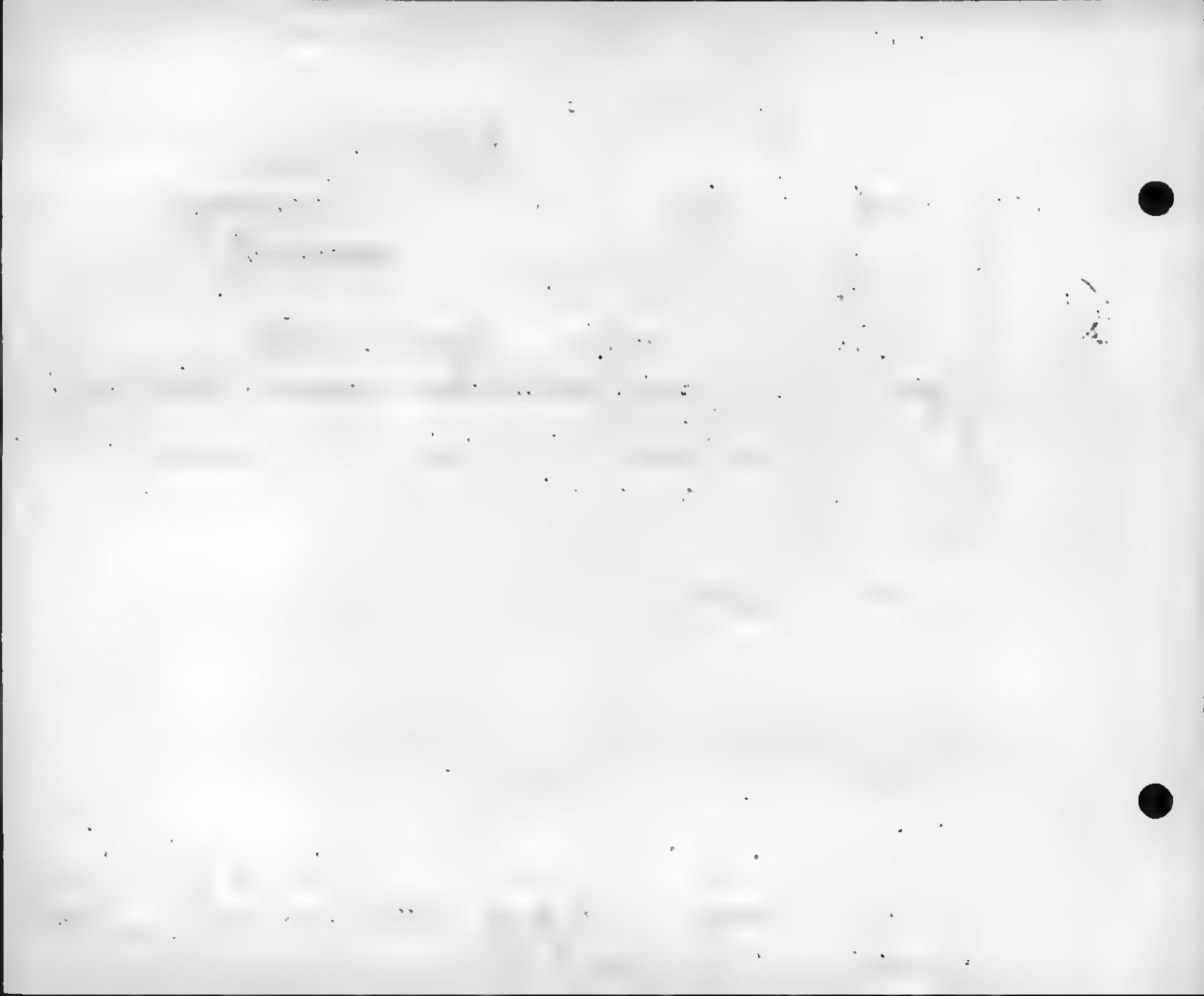


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to a burial, cremation, or removal, and in any event, within 72 hours after death.

16496							165		
1. DECEASED NAME (Type or print)		First	Middle	Last	2a. DATE OF DEATH -- Month Day Year		2b. HOUR H: M: AM		
Eliech			Miles		Oct. 17, 1968				
3. SEX Male		4. RACE Negro		S. DATE OF BIRTH Aug 15, 1894	6. AGE (In years last birthday) 74 yrs		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN	
7a. BIRTHPLACE (State or foreign country) Md		7b. CITIZEN OF WHAT COUNTRY? U.S.		8 MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Somerset				
10. CITY OR TOWN OF DEATH Crisfield		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Accreditedemo.			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Blacksmith		12b. KIND OF BUSINESS OR INDUSTRY		
13c. USUAL RESIDENCE (Where deceased lived, if institution admission) STATE Md.		13b. COUNTY Somerset		13d. INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	13e. STREET AND NUMBER 539 Taylor St.				
4. FATHER'S NAME John		First	Middle	Last Miles	15. MOTHER'S Maiden Name First Martha Smith				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown no		16b. SOCIAL SECURITY NO 216-05-5447		17. INFORMANT Martha Crippin-Crisfield Md.		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)		Myocardial infarction			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH institutions				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		DUE TO, OR AS A CONSEQUENCE OF (b) Coronary Artery Disease			10 Years				
DUE TO, OR AS A CONSEQUENCE OF (c)									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o) Hypertension & Congestive heart failure.									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)					
21d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County	State
22a. I certify that (I) (this hospital) attended the deceased from Oct. 17, 1968, to Oct. 17, 1968, that (I) (we) last saw the deceased alive on Nov. 17, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									22c. DATE SIGNED 11-19-68
22b. SIGNATURE James A. Sterling		22d. PHYSICIAN'S NAME (Type) James A. Sterling			22e. ADDRESS Main St. Crisfield, Md.				
23a. BUR. A. CREMATION REMOVAL (Specify) Burial		23b. DATE 11/31/68		23c. NAME OF CEMETERY OR CREMATORIAL Hisbury Cem.		23d. LOCATION (City or Town) Crisfield		(County)	(State) Md.
24. FUNERAL DIRECTOR Anthony E. Van Cripele MD.		ADDRESS			25a. REC'D BY REGISTRAR NOV 27 1968		25b. REGISTRAR'S SIGNATURE Charles Judge		



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

page 4 may be retained by the hospital or attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 5 should be filed with the State Dept. of Health prior to burial, cremation or removal, and in any event, within 72 hours after death.

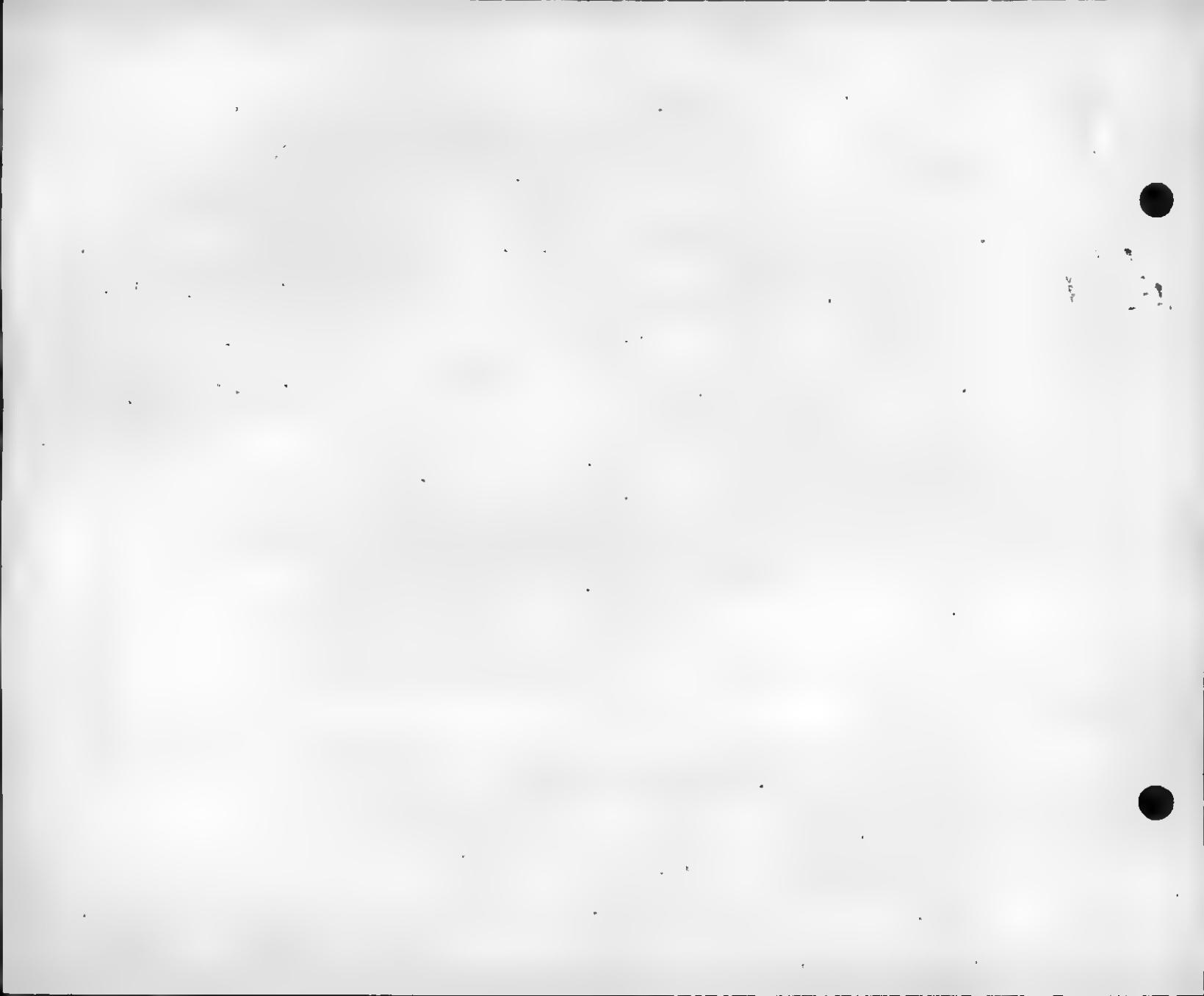
16497

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1051

1. DECEASED-NAME (Type or print)	-First Alice	Middle Webb	Last Somers	2a. DATE OF DEATH Month NOV.	Day 14	Year 68	2b. HOUR 1:30
3. SEX Female	4. RACE White	5. DATE OF BIRTH Feb 12, 1898			6. AGE (In years at birth) 70	IF UNDER 1 YEAR YRS	15. UNDER 24 HRS MONTHS DAYS HOURS MIN
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Somerset			Md	
10. CITY OR TOWN OF DEATH Crisfield	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Hospitalityemo.			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Practical Nurse			12b. KIND OF BUSINESS OR INDUSTRY Nursing
13a. USUAL RESIDENCE (Where deceased lived, if institution/ Residence before admission) STATE Md.	13b. COUNTY Somerset	13c. CITY OR TOWN Crisfield	13d. INSIDE CITY + M.T? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13e. STREET AND NUMBER 17 Chesapeake Ave.			
14. FATHER'S NAME James	First M'dle -	Last Wilson	15. MOTHER'S MAIDEN NAME Eula	Middle -	Last Nelson		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes, no, or unknown No	16b. SOCIAL SECURITY NO. None	17. INFORMANT Luther Somers, Same as 13. abcde			Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <input checked="" type="checkbox"/> 18 X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <input type="checkbox"/> DUE TO, OR AS A CONSEQUENCE OF Blumatic heart disease (c) <input type="checkbox"/> DUE TO, OR AS A CONSEQUENCE OF			Cerebral thrombosis			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 13 days. yrs.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 416 X Gout anterior-sclerosis							
19a. DATE OF OPERATION MEDICAL CERTIFICATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from <u>Nov 1, 1968</u> to <u>Nov 14, 1968</u> , that (I) (we) last saw the deceased alive on <u>11/13/68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (He) (we) (did) (did not) view the body after death.							
22b. SIGNATURE <i>C. Rawley</i>	DEGREE ATTENDING PHYS	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED			
22d. PHYSICIAN'S NAME (Type) Dr. C. C. Rawley, M.D.	22e. ADDRESS Asbury Main St. Crisfield, Md.						
23a. BURIAL, CREMATION, BURIAL (Specify)	23b. DATE Nov 16, 1968	23c. NAME OF CEMETERY OR CREMATORIAL Asbury Meth. Cemetery	23d. LOCATION (City or Town) Crisfield, Somerset, Md.	(County)	(State)		
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md.	ADDRESS	25a. FUNERAL REGISTRAR NOV 23 1968	25b. REGISTRAR'S SIGNATURE <i>Jeanne Judge</i>				
VR A15 30M REV.							



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16498

165

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be received within 24 hours after death.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, it should be detached for use as the burial transit permit. Then please remove carbon paper pages 1 and 2 from the back of this page and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)	First Lillie	Middle M.	Last Sterlin	2a. DATE OF DEATH Month Nov.	2b. HOUR 9:45M			
3. SEX Female	4. RACE White	5. DATE OF BIRTH Nov. 29, 1894		6. AGE (In years last birthday) 77	7. IF UNDER 1 YEAR MONTHS YRS	8. IF OVER 24 HRS HOURS MINS		
7a. BIRTHPLACE (State or foreign country) Md.	7b. CITIZEN OF WHAT COUNTRY? U.S.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Somerset					
10. CITY OR TOWN OF DEATH Crisfield	11. NAME OF HOSPITAL OR INSTITUTION (If patient hospitalized, give street address) Crisfield		12a. USUAL OCCUPATION (Kind of work done during month of working life, even if retired) None	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE Md.	13b. COUNTY Somerset	13c. CITY OR TOWN Crisfield	13d. INSIDE CITY LIMITS? YES	13e. STREET AND NUMBER RFD #1				
14. FATHER'S NAME First Cornelius	Middle S.	Last Sterling	15. MOTHER'S MAIDEN NAME First Willie	Middle Milbourne	Last Approorne			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown Yes	16b. SOCIAL SECURITY NO. 111-11-1111	17. INFORMANT Harry Helsby, RFD#1 Crisfield, Md.		Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Cerebral glands & DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. brain etc - metastases -						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 yr -		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 100								
19a. DATE OF OPERATION July 1968	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED for diagnosis		20a. AUTOPSY? YES	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from July 1968 to Nov. 21, 1968 , that (I) (we) last saw the deceased alive on July 19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							22c. DATE SIGNED 11/28/68	
22b. SIGNATURE Sarah M. Peyton, M.D.		DEGREE M.D.	ATTENDING PHYS <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS <input type="checkbox"/>			
22d. PHYSICIAN'S NAME (Type) S. M. Peyton		22e. ADDRESS Crisfield, Md.						
23a. BURIAL, CREMATION, REMOVAL Burial	23b. DATE 11-29-68	23c. NAME OF CEMETERY OR CREMATORY Ashbury	23d. LOCATION (City or Town) (County) (State) Crisfield, Somerset, Md.					
24. FUNERAL DIRECTOR James Lemon	ADDRESS Crisfield, Md.	25a. REC'D BY REGISTRAR DATE DEC 5 1968	25b. REGISTRAR'S SIGNATURE Charles Hayes					



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

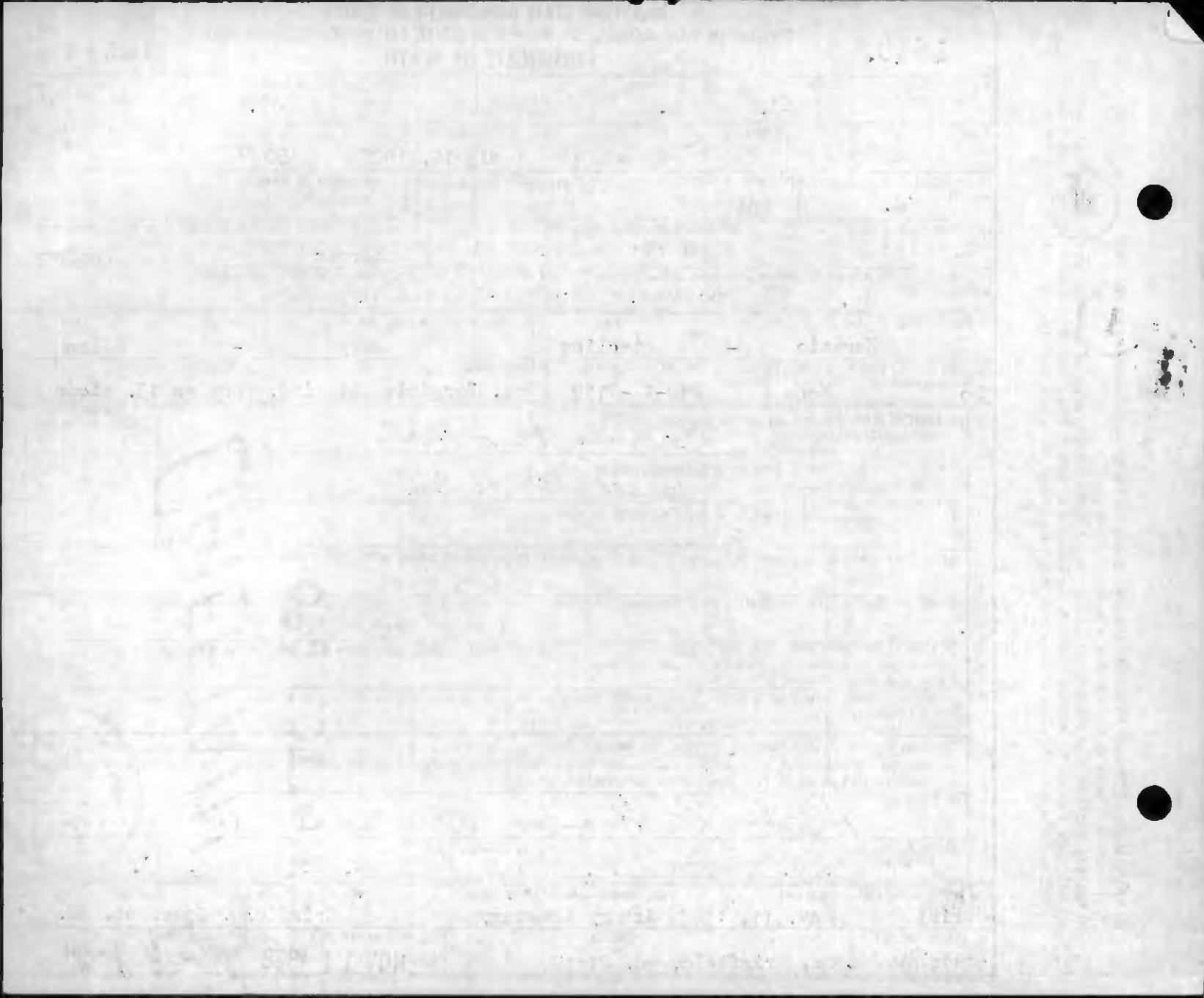
CERTIFICATE OF DEATH

16513

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or attending physician. Director, page 3 should be detached for use as the burial-trust permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)		First Martin	Middle L.	Lost Sterling	2d. DATE OF DEATH Month Nov.	Day 80	2d. HOUR 5:48 P.M.
3. SEX Male		4. RACE White		5. DATE OF BIRTH July 17, 1908		6. AGE (In years last birthday) 60 YRS.	
7a. BIRTHPLACE (State or foreign country) Md.		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Somerset	
10. CITY OR TOWN OF DEATH Crisfield		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Accredited Memorial		12d. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) waterman		12b. KIND OF BUSINESS OR INDUSTRY Seafood	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.		13b. COUNTY Somerset		13c. CITY OR TOWN Crisfield		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER RT # 1
14. FATHER'S NAME Horatio -		Middle Sterling		15. MOTHER'S MAIDEN NAME Mary -		Middle Allen	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No None		16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 218-12-7159		17. INFORMANT Mrs. Virginia Sterling, Same as 13. abcde		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4109 Coronary Thrombosis						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		DUE TO, OR AS A CONSEQUENCE OF (b) Acute Alcoholism					
DUE TO, OR AS A CONSEQUENCE OF (c)							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4201							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town	County
22a. I certify that (I) (this hospital) attended the deceased from _____, 19_____, to _____, 19_____, that (I) (we) last saw the deceased alive on 17/9/68 19_____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE <i>H. C. Kaufman</i>						22c. DATE SIGNED	
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS H. C. Kaufman, M.D.					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 11, 1968		23c. NAME OF CEMETERY OR CREMATORIAL Asbury Cemetery		23d. LOCATION (City or Town) (County) (State) Crisfield, Somerset, Md.	
24. FUNERAL DIRECTOR		ADDRESS Bradshaw & Sons, Crisfield, Md. 21817		25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE DATE NOV 14 1968 <i>Charles Judge</i>	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16514

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
 Page 4 may be retained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)	First <i>Laura</i>	Middle	Last <i>Watts</i>	20. DATE OF DEATH Month <i>11</i>	Day <i>22</i>	Year <i>68</i>	2b. HOUR <i>9:11 AM</i>	
3. SEX <i>Female</i>	4. RACE <i>Negro</i>		S. DATE OF BIRTH <i>OCT. 7, 1897</i>	6. AGE (In years lost birthday) <i>71</i>		IF UNDER 1 YEAR MONTHS <i>YRS.</i>	IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) <i>Md.</i>	7b. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED	9. COUNTY OF DEATH <i>SOMERSET</i>				
10. CITY OR TOWN OF DEATH <i>Crisfield</i>	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <i>McCready Memo.</i>		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <i>LABORER</i>		12b. KIND OF BUSINESS OR INDUSTRY <i>SEAFOOD</i>			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <i>Md.</i>	13b. COUNTY <i>Somerset</i>	13c. CITY OR TOWN <i>Crisfield</i>	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13e. STREET AND NUMBER <i>P.O. Box 173</i>				
14. FATHER'S NAME First <i>Aaron</i>	Middle <i>Evans</i>	Last	15. MOTHER'S MAIDEN NAME First <i>CORNELIUS</i>	Middle <i>Broughton</i>	Last			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <i>Yes</i>	16b. SOCIAL SECURITY NO. <i>(If yes give war or dates of service)</i>	17. INFORMANT IMMEDIATE CAUSE (a) <i>1533</i>	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Sigmoid</i> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause <i>1533</i> (b) DUE TO, OR AS A CONSEQUENCE OF (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>?</i>			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>Curious or liver</i>								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While Not while at work at work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from: <i>beginning</i> , 19 <i>68</i> , to <i>Nov 22</i> , 19 <i>68</i> , that (I) (we) last saw the deceased alive on <i>11/22/68</i> 19 <i>68</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. <i>no</i>								
22b. SIGNATURE <i>S. M. Peyton</i>		22c. DATE SIGNED <i>11/23/68</i>						
22d. PHYSICIAN'S NAME (Type) <i>S. M. Peyton, M.D.</i>		22e. ADDRESS <i>Crisfield, Md.</i>						
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>11/27/68</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>Asbury Cem.</i>	23d. LOCATION (City or Town) <i>Crisfield</i>	(County) <i>Md.</i>	(State)		
24. FUNERAL DIRECTOR <i>Anthony E. Lyon Crisfield Md.</i>		ADDRESS	25a. REC'D BY REGISTRAR DATE <i>DEC 3 1968</i>	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>				

